



THE CITY OF BRUNSWICK MARYLAND

1 WEST POTOMAC STREET · BRUNSWICK, MARYLAND 21716 · (301) 834-7500

Home Occupation/ Resident Professional Office APPLICATION FOR ZONING CERTIFICATE

Applicant: _____

Property Owner: _____

Property Address: _____ Phone: _____

Mailing Address: _____

(If box checked on Zoning Certificate form, issued certificate will be mailed to the Mailing Address)

Zoning District: _____ ZC#: _____

Business Name: _____

Is there currently a home occupation or resident professional office in your home? _____

Will you buy, sell, or keep an inventory of products in your home? _____

Have you obtained a Trader's License? _____

Products to be sold: _____

Services to be provided: _____

Total square footage of living area in home: _____

Square footage of area used for home occupation/resident professional office: _____

How many customers do you expect to visit your home every day? _____

Will you have any employees? _____ How many? _____

Will the employees be members of your family? _____ Do they reside in your home? _____

Will goods associated with the business be delivered to your home? _____

By what means? _____

Do you expect traffic to increase in your neighborhood as a result of your home occupation/resident professional office? _____

What will your hours of operation be? _____

Do you have off-street parking at your home? _____ How many spaces? _____ Will any be added? _____

Where will they be added? _____

Will a sign be placed at the property to advertise the business? _____

What size? _____ Where will it be located? _____

I hereby certify that the information contained herein is correct.

Signature of Applicant

Date

(Rev. 09/14)